

those portions of the public who disapproved of their political views would cease to seek their professional advice. I don't believe in this. The members of the community who stand in need of legal or medical advice care no more about the politics of the lawyer or the physician than they do about the colour of their carriage horses. They seek the physician for his professional worth, and nothing else; and so it should and ever will be. I believe that if the Archbishop of Canterbury thought that Simon Magus was a better physician than St. Paul, he would consult Simon Magus in preference to St. Paul.

It may at first sight appear to some of my hearers that I ought not on an occasion like this to touch in the most distant degree on what may present the remotest approach to medico-political considerations. I have two explanations for having done so. First, when I had the honour of being asked to address you this day, I inquired from your valued Dean whether it was his desire that I should confine myself to any particular subject or subjects. His kind reply was that all was left to my own discretion. Thus at liberty, I cannot think that I have strayed. It is true that many of my friends here are only on the verge of professional life, but some of them in a very few years will be leaders among their fellow-men, and I therefore have not thought it amiss to develop here for their consideration such thoughts as have grown up in my own mind during a long professional life. They may be right, they may be wrong; but, such as they are, I have thought it not wrong to travel out of the beaten path of merely telling you to be very good boys, and that God will reward you. I speak to you as young men in the prime of life, or near it, who are, and who ought to remember that you are, citizens of a grand and great State, part of a free people; that you will not perform your duties in this world if with steady and untiring cultivation of your own profession you ever forget your duty to your country, and whenever in your power to give to it and to your profession the benefit of the principles of truth, honour, and independence, and of the talents and knowledge with which Providence and your own study and your own good minds have blessed you.

NOTES OF VISITS TO FOREIGN BATHS.

By JOHN MACPHERSON, M.D.

BADENWEILER.

BEFORE leaving the Black Forest I paid a visit to a station possessing waters of a very different nature from those last described. Badenweiler, in Breisgau, has recently risen into immense popularity, especially with the Northern Germans. It is an hour's drive from the station of Mühlein, on the Freiberg railway. It is 1420 feet above the sea, perched on a hill-side, with beautiful views in every direction. At one end is a ruined castle, with walks round it, and a park beautifully laid out and well wooded. It has several excellent hotels, and there are comfortable lodging-houses springing up every day, and lodgings are also to be had at the village of Oberweiler down below. Badenweiler is chiefly resorted to for its mild, equable temperature, and as a good station for the whey cure. But it also offers an abundant supply of water of the temperature of about 81°, having only 2·2 grs. of solid ingredients, and therefore belonging to the class of lukewarm indifferent waters. The Romans early found out these waters, and the remains of their baths—a double set for men and women—are among the most perfect out of Italy. There are comfortable baths in all the hotels, some of them lined with beautiful porcelain tiles; and, to add to the attractions of the place, the municipality has constructed a large swimming-bath not far from the old Roman baths.

The waters of Badenweiler are nearly of the same temperature (81°) as those of Buxton, and are equally indifferent; but they do not appear to have been used for gout or for drinking. Their temperature must of course be raised if they are to be employed in the energetic treatment of disease according to the thermal system.

I need scarcely say that there is a good conversation-house, and a band of music and concerts. A German bath must be very dull indeed in which they are wanting.

Badenweiler is mainly resorted to by convalescents generally, and especially by patients suffering from chronic bronchitis, or who are threatened with phthisis. Although so popular, it is still, comparatively speaking, inexpensive.

Entering Switzerland by rail I passed many baths which I had visited before. Schinznach, a place for real invalids, where the sulphur waters are carefully used, and where they will find careful treatment; but with its quiet arrangements it is not likely to suit English visitors. Next came Baden, with its immense supply of warm, faintly sulphur waters. Though its former glories have gone by, and it is difficult to discover the meadows and shady groves, the scene of amusement in old days, yet it is still steadily visited by natives of the adjoining districts, and is generally full.

The railway to Chur, so familiar to the visitors of St. Moritz, takes one through Ragatz—one of the most desirable of all the indifferent waters in Europe. It is most accessible, has a subalpine climate, being at the height of 1700 feet, and is not so shut in as Wildbad. It offers many of the advantages of Bad, Gastein, and of Zenk; and any of the diseases treated at those three places are also suitable for Ragatz. Of late years excellent hotels have been built, and the bathing arrangements of all kinds are very good; and there is a fine swimming bath attached to the Snellen Hof, which is altogether one of the most complete bathing establishments in the world. The place is not so expensive as most of the kind, and the poorer patients reside chiefly in the old baths of Pfeffers, in that irregular ravine, into which the sick were lowered in baskets in old days, and whence the water is brought down in pipes to Ragatz, which is 400 feet lower. At Ragatz there are always a fair sprinkling of English, and a few Americans. Excursions in all directions can be readily made from Ragatz, including one to the sulphur baths of Stachelberg, which is one of the wildest baths to be met with anywhere in the midst of Alpine scenery, and where living continues to be very moderate, the visitors chiefly belonging to the country. It is now but a short drive from the railway station of Glarus.

The shortest way to the baths of Tarasp is by leaving the railway a little beyond Ragatz, passing up the Prättigau past Davos, and those winter-cure stations of modern days, which have been sufficiently described by Dr. C. B. Williams. On the way up to Davos you pass the very old bath of Fideris, which is crowded and is in great local repute, and is found very efficacious in chlorosis. Sixteen ounces of its water contain carbonate of iron, 18 grains; carbonate of soda, 5·5 grains; sulphate of soda, 2·5 grains; and plenty of carbonic acid. The well does not contain as much carbonic acid as the waters of St. Moritz, nor as much iron as many springs, still it is in great favour with the natives of Switzerland.

On the road by coast from Chur to St. Moritz, if one goes by the Albreta Pass, one passes the old spring of Alvenew, in a beautiful situation in a valley, and with a new and comfortable bathing establishment. It is a weak sulphur well containing some sulphate of lime; and is 2930 feet above the sea. I do not know that I have anything new in my notes on St. Moritz or Tarasp to communicate. It is only of late years that the use of mountain climates as a sanitary agent has been revived in Europe. I say revived, for going to St. Moritz was common in former days, and mountain air has always been believed to possess special virtues.

SELECTED CASES FROM OPHTHALMIC PRACTICE.

By C. S. JEAFFRESON,

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POLYPI OF THE CONJUNCTIVA.

BUT few cases of this somewhat rare disease are upon record; the details of two cases may therefore be interesting to the profession.

The subject of the first was a man about fifty years of age, a gardener. The growth, which had attained the size of a large bean, grew, by an elongated pedicle, from the conjunctiva of the left eye, at the situation where it is

reflected from the lower lid to the globe, and close to the outer canthus. Under ordinary circumstances the polypus was not visible, having made for itself a kind of pouch at the situation where it grew; and, at a cursory glance, the patient presented no other peculiarity than a slight fullness of the lower eyelid. On retracting this somewhat forcibly the polypus sprang out from its situation, and then projected between the lids. The patient himself, by a little manipulation, could, however, always replace it so as to render it again invisible. In colour it was of a dark-claret hue; in consistence somewhat firm; it was free from tenderness to the touch, and rarely gave rise to pain. Its removal was effected by dividing the pedicle close to the conjunctiva; this, however, was followed by somewhat severe hæmorrhage, a small arterial twig (as seen by the pulsating jet of blood) being implicated in its structure. Its microscopical characters were those of an ordinary mucous polypus with a slight excessive development of fibrous stroma. There has been no return of the growth.

The second case, which in many ways differed from the first, occurred in a child six years of age. The growth, which sprang also from the fold of conjunctiva between the globe and lower lid, was situated midway between the outer and inner canthus; its form was flattened and fan-shaped, its flat surface being in close apposition with the ocular conjunctiva; its pedicle was short and scarcely to be distinguished from the remainder of the growth. Vertically the tumour measured about a quarter of an inch, and horizontally somewhat more than this in diameter, and in some positions of the eye it interfered with vision by crossing the area of the pupil. Its general appearance very much resembled, on a small scale, that of condylomata as seen in the neighbourhood of the vagina and anus, and its microscopic examination revealing a structure almost identical with these, led to examination of the external parts of the child. Although there was no analogous growth in this region, there was a well-marked vaginal discharge, and it is not unreasonable to suspect that this may have some connexion with the growth, which, although freely removed, shows a very strong tendency to return; and, indeed, since its removal, several other small papillary-looking growths have appeared in the neighbourhood of the caruncle.

OSSIFICATION OF A LARGE PORTION OF THE CHOROID FOLLOWING CHRONIC TRAUMATIC INFLAMMATION.

A deposit of bony matter in the choroid, though by no means a very rare event, seldom occurs to the extent detailed below. A gentleman, thirty years of age, received, when about six years of age, a blow upon the eye from a piece of exploded gun-cap. His memory failed him as to whether the piece of cap had been extracted, but all vision was completely lost shortly after the accident, and since that time he has suffered from occasional attacks of severe pain and inflammation in the eye. The pain, which has always been of a throbbing character, at times became quite distracting, and on several occasions he has been obliged to keep his bed for six weeks or upwards. The remaining eye, though free from any inflammatory changes, is in a highly irritable condition, and he complains of great photophobia. The diseased globe was consequently removed. On making a section of the eye in the equatorial region the lens was found to be absorbed, its position being occupied by a dense membrane of hypertrophied capsule. The ciliary processes were of light-brown colour, and much atrophied; the whole of the posterior half of the choroid was converted into a cup of bony material of at least an eighth of an inch in thickness. This cup was occupied by the remains of the optic nerve, and there was a small aperture in its centre where the nerve entered the eye. Externally the bony deposit had no connexion with the sclerotic, from which it was separated by a thin layer of brownish pigment, the only remaining trace in this region of the choroid coat. No trace of a foreign body could be found in the interior of the globe.

THE mortality last week in London and twenty other large towns in the kingdom was at the rate of 24 deaths annually to every 1000 of the estimated population. In the metropolis there were registered 1319 deaths, including 162 from diarrhoea and 26 from the different forms of fever. The death of a match-maker at the London Hospital was referred to necrosis from phosphorus.

THE MEDICAL VALUE OF ARTERIAL PRESSURE.

By EDWARD DE MORGAN,

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THE following deductions were made by me some years ago when experimenting with the sphygmograph. As I have found their practical application in diseases of the chest so valuable, I feel myself no longer justified in withholding them from the criticism of the profession.

Let us assume that pressure be applied to both axillary and femoral arteries; then, roughly speaking, about half the blood in the systemic or greater circulation is withheld. The remainder returns to fill the left ventricle of the heart, which either contracts upon half its normal amount of blood or delays its contraction until sufficient blood has returned from the unobstructed vessels to distend it to its normal contracting volume. If the latter of these two alternatives were the case the pulse would be diminished in frequency and its fulness greatly increased. It may at once be ascertained, by pressure on a femoral artery, that there is no alteration in frequency, and the sphygmograph shows that there is no increased tension in the radial pulse when the femorals are compressed. Hence it follows that the left ventricle contracts upon half its normal quantity of blood, and that the right ventricle contracts upon half its normal amount of blood, and that, the area of the pulmonary or lesser circulation being undiminished, the pulmonary artery contains but half its normal amount of blood; and thus it follows that the blood speeds through it less rapidly, and pressure within its walls is greatly diminished.

I determined to apply this theory in three different sets of cases.

1. (a) Hæmoptysis in consumptive cases; (b) hæmorrhage from wound of lung.

2. On the supposition that damming back venous blood from the lungs would diminish the necessity of oxygenation; (a) spasmodic asthma; (b) emphysematous and cardiac dyspnoea.

3. As a direct *dry cupping* of the lung in inflammatory diseases.

Of Class 1 I have had but little experience. We have but little hæmoptysis in South Africa. In the case of a Kaffir with a bullet-wound of the left lung, pneumothorax and hæmothorax present in great degree, axillary pressure gave immediate relief to the dyspnoea.

Of Class 2 I have applied pressure in five cases, and afforded immediate relief to dyspnoea in all.

Miss S— has spasmodic asthma every month. She came to my consulting-room in great distress. I applied my thumbs to both axillary arteries, and she expressed herself immediately relieved. Pressure was continued for about five minutes. Upon removing it the dyspnoea did not return for about ten minutes, when pressure was again applied, and she left with her breathing nearly natural, the dyspnoea this time not returning for some hours. Her friends by my directions compressed her arteries, each time affording her relief. She states that this was the severest, but shortest attack she has had, and that less bronchitis was left than usual.

W. S—, an old missionary, aged seventy-six, has been failing since I first saw him one year ago. Has chronic bronchitis, emphysema, and dilatation of the right ventricle, besides other complications. One evening in May last I was summoned to him in haste, as his friends feared he was dying. I found him sitting up in bed; orthopnoea extreme; face livid; hands plucking at the bedclothes; cough incessant. He had had every door and window thrown open, and permitted no one to stand at his bedside. He just managed to gasp out that "I was too late this time." I applied my fingers to his axillaries alone, and in less than half a minute he expressed himself relieved. In less than two minutes he was thanking me in his old manner, and inquiring into the *modus operandi* of the means I had used. The pressure was removed after ten minutes, but the dyspnoea did not return. He began to cough up mucus more freely, and in a quarter of an hour fell asleep. On subsequent occasions, if pressure was removed too soon,